

STD in British Columbia

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British Columbia

British Columbia is the Pacific coastal province of Canada lying between the Rocky Mountains and the sea. The capital, Victoria, is situated on Vancouver Island, but the commercial and industrial centre is the beautiful port and city of Vancouver on the mainland. British Columbia is the fastest growing province in Canada and has attracted foreign investments, especially from Japan, in engineering, shipbuilding, wood, paper, mining, natural gas, and now oil. The population has increased rapidly in recent years and is now just over 3 million. Vancouver has 1.3 million inhabitants, is the Pacific terminus of the Canadian Pacific Railway, has a large international airport, and is now a major tourist centre.

LAW ON STD

The individual provincial governments of Canada are responsible for venereal disease control with occasional suggestions and assistance from the federal government. In British Columbia a Health Act on regulations for the control of communicable diseases in 1971 listed gonorrhoea, syphilis, chancroid, granuloma inguinale, and lymphogranuloma venereum as sexually transmitted diseases (STD), and they are all classified as reportable communicable diseases. The Venereal Disease Act of 1979 enables a medical health officer to direct anyone who has been exposed to infection to undergo a medical examination to exclude a diagnosis of STD, and may make a complaint about a defaulter or lay information before a justice. Refusal by someone with an STD to take adequate treatment or refrain from exposing other people to the infection is punishable by a year's imprisonment.

SEXUALLY TRANSMITTED DISEASES

Non-gonococcal urethritis (NGU) is the most common condition diagnosed, and 40% of patients with it give positive cultures for *Chlamydia trachomatis* and therefore have chlamydial urethritis.

Ten cases of β -lactamase producing strains of gonococci were recognised in 1981, most of which were acquired in the Far East. The total number of reported cases of gonorrhoea, however, fell by 11% and of syphilis by 18% in 1981. Two main high risk groups have been identified recently, the first being a group of sexually active, promiscuous homosexual men, in whom about 75% of all the cases of primary and secondary syphilis were diagnosed, and the second a group of juvenile male prostitutes in Vancouver's West End.

SERVICES FOR STD

Public information about STD is provided by a telephone recorded message, a series of pamphlets, and in leaflets on contraception. The Division of VD Control has a mandate to control the spread of STD. The principal clinic is in the middle of the Vancouver Hospital grounds and is well maintained and equipped although slightly cramped. There are several alternative clinics in the city, mostly associated with Planned Parenthood Clinics. In smaller centres throughout the province there are some facilities for diagnosis and treatment, mostly in Health Units. The extent of private STD treatment is unknown but it is generally thought to be large and may account for over half the cases in the province.

The control programme is based on three major components: public information, the clinical service at the Vancouver clinic, and the training of community health nurses throughout the province who are responsible for STD control in their regions. Patients attending the clinics are all seen by community health nurses who are trained as nurse clinicians, take histories, examine the patients, perform tests, give treatment, and act as contact tracers. Some of the nurse clinicians are sent to Seattle to attend the courses on STD sponsored by the Centers for Disease Control. The doctors only see those patients with unusual or difficult problems and consequently their experience is very limited.

The Vancouver clinic has one full time doctor and a full time senior male nurse, Mr Vincent Carballo, who is very able and experienced. There is a nursing supervisor who visits the clinic occasionally. It has a good supply of modern microscopes and a culture service for gonococci and herpes. Recently Dr

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William Bowie from the Department of Infectious Diseases established a successful chlamydia testing service in conjunction with Dr Hugh Jones, the clinic doctor. Men's and women's clinics are no longer separate, and nurses see patients of either sex. An appointment system has been successfully introduced and has reduced waiting times by regulating patient flow.

Important research work on Reiter's disease has been carried out in Vancouver by Dr Denys Ford, the director of the arthritis clinic. Most doctors will also know of the studies on cervical cytology and cervical carcinoma undertaken in British Columbia during the past years. Dr William Bowie's recent work on chlamydiae and the establishment of a routine chlamydial service in Vancouver is in keeping with this tradition of STD research in British Columbia. The Ministry of Health of the province, however, provides a very minimal, basic service for patients with STD. The universal employment of nurse clinicians throughout the province, the absence of

well planned undergraduate teaching of the subject, and the poor medical recruitment of doctors to the specialty encourages expansion of the private sector in which standards are variable and contact tracing is often non-existent. With the growing prevalence of such conditions as the acquired immune deficiency syndrome (AIDS), herpes, chlamydial infection, hepatitis B, pelvic inflammatory disease, and cancers associated with genital infections it is perhaps appropriate to re-examine the current service for patients with STD, the teaching of the subject to undergraduate students, the arrangements for contact tracing, and the support given to research. The shift in emphasis away from the old traditional venereal diseases, syphilis and gonorrhoea, to the newer second generation of STDs is as evident in British Columbia as elsewhere in the world. Clinic practices and attitudes therefore require constant reappraisal and adjustment to ensure a satisfactory clinical service which is appropriate for the needs of today's sexually active people.